

AMENDED IN SENATE JUNE 21, 2012

AMENDED IN SENATE AUGUST 15, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 916

Introduced by Assembly Member V. Manuel Pérez

February 18, 2011

An act to amend Section 1216 of, and to add and repeal Chapter 6 (commencing with Section 127645) of Part 2 of Division 107 of, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 916, as amended, V. Manuel Pérez. Health: underserved communities.

Under existing law, the California Health and Human Services Agency is required to establish an interdepartmental Task Force on Rural Health to coordinate rural health policy development and program operations and to develop a strategic plan for rural health.

~~This bill would state the intent of the Legislature to ensure that counties address the needs of underserved communities by maximizing the use of nonprofit health providers that are critical to the health of farmworkers and other individuals, as specified.~~ This bill would establish the Task Force on the Health Care Needs of Farmworkers, composed as prescribed, to develop a comprehensive agenda of programs and public policy initiatives that are designed to address the health care needs of farmworkers in California, and provide a report containing specified information to the office of the Governor and the State Department of Health Care Services by December 31, 2013. This bill

would provide that the task force is to be funded by federal or private funds and that if, by January 1, 2013, the office of the Governor determines that the task force has insufficient funding to carry out its activities, the activities of the task force shall cease. This bill would repeal these provisions as of January 1, 2014.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. Existing law provides that federally qualified health center services, as defined, are covered benefits under the Medi-Cal program.

Existing law requires every clinic holding a license to file annually with the Office of Statewide Health Planning and Development a verified report showing prescribed information. Violation of these provisions is a crime.

This bill would require all federally qualified health centers operated by a county to file this report, *except as specified, commencing in the 2015 calendar year*. By changing the definition of a crime, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 ~~SECTION 1. It is the intent of the Legislature to ensure that~~
- 2 ~~counties address the needs of underserved communities by~~
- 3 ~~maximizing the use of nonprofit health providers that are critical~~
- 4 ~~to the health of farmworkers and other individuals if county~~
- 5 ~~governments are given greater authority and control to operate~~
- 6 ~~specific health programs through realignment by requiring that the~~
- 7 ~~realignment includes all of the following:~~
- 8 ~~(a) Minority communities being served shall be consulted and~~
- 9 ~~involved in developing service delivery models and infrastructure.~~
- 10 ~~(b) Nonprofit community-based organizations providing health~~
- 11 ~~care, social services, and mental health services shall be included~~

1 in the delivery of these services to impacted and targeted
2 communities.

3 (e) ~~No reduction in the current role and scope of nonprofit~~
4 ~~organizations in the operation of health programs.~~

5 (d) ~~Priority to establishing partnerships between county~~
6 ~~government and nonprofit organizations to effectively deliver~~
7 ~~coordinated services.~~

8 ~~SEC. 2.~~

9 *SECTION 1.* Section 1216 of the Health and Safety Code is
10 amended to read:

11 1216. (a) Every clinic holding a license shall, on or before the
12 ~~15th day of~~ February 15 of each year, file with the Office of
13 Statewide Health Planning and Development upon forms to be
14 furnished by the office, a verified report showing the following
15 information relating to the previous calendar year:

16 (1) Number of patients served and descriptive information,
17 including age, gender, race, and ethnic background of patients.

18 (2) Number of patient visits by type of service, including all of
19 the following:

20 (A) Child health and disability prevention screenings, treatment,
21 and followup services.

22 (B) Medical services.

23 (C) Dental services.

24 (D) Other health services.

25 (3) Total clinic operating expenses.

26 (4) Gross patient charges by payer category, including Medicare,
27 Medi-Cal, the Child Health Disability Prevention Program, county
28 indigent programs, other county programs, private insurance,
29 self-paying patients, nonpaying patients, and other payers.

30 (5) Deductions from revenue by payer category, bad debts, and
31 charity care charges.

32 (6) Additional information as may be required by the office or
33 the department.

34 (b) In the event a clinic fails to file a timely report, the
35 department may suspend the license of the clinic until the report
36 is completed and filed with the office.

37 (c) In order to promote efficient reporting of accurate data, the
38 office shall consider the unique operational characteristics of
39 different classifications of licensed clinics, including, but not
40 limited to, the limited scope of services provided by some specialty

1 clinics, in its design of forms for the collection of data required
2 by this section.

3 (d) For the purpose of administering funds appropriated from
4 the Cigarette and Tobacco Products Surtax Fund for support of
5 licensed clinics, clinics receiving those funds may be required to
6 report any additional data the office or the department may
7 determine necessary to ensure the equitable distribution and
8 appropriate expenditure of those funds. This shall include, but not
9 be limited to, information about the poverty level of patients served
10 and communicable diseases reported to local health departments.

11 (e) This section shall apply to all primary care clinics.

12 (f) This section shall apply to all specialty clinics, as defined in
13 paragraph (2) of subdivision (a) of Section 1204 of the Health and
14 Safety Code that receive tobacco tax funds pursuant to Article 2
15 (commencing with Section 30121) of Chapter 2 of Part 13 of
16 Division 2 of the Revenue and Taxation Code.

17 (g) Specialty clinics that are not required to report pursuant to
18 subdivision (f) shall report data as directed in Section 1216 as it
19 existed prior to the enactment of Chapter 1331 of the Statutes of
20 1989 and Chapter 51 of the Statutes of 1990.

21 (h) ~~Federally~~ *Commencing in the 2015 calendar year, federally*
22 *qualified health centers, as described in Section 1395x(aa)(4) or*
23 *1396d(l)(2)(B) of Title 42 of the United States Code, operated by*
24 *a county shall file the report described in subdivision (a), unless*
25 *the health center is an exempt clinic pursuant to subdivision (d)*
26 *or (e) of Section 1206.*

27 ~~SEC. 3.~~

28 *SEC. 2.* Chapter 6 (commencing with Section 127645) is added
29 to Part 2 of Division 107 of the Health and Safety Code, to read:

30
31 CHAPTER 6. TASK FORCE ON THE HEALTH CARE NEEDS OF
32 FARMWORKERS
33

34 127645. (a) The Task Force on the Health Care Needs of
35 Farmworkers is hereby established to develop a comprehensive
36 agenda of programs and public policy initiatives that are designed
37 to address the health care needs of farmworkers in California.

38 (b) The activities of the task force shall be funded by federal or
39 private funds. If, by January 1, 2013, the office of the Governor
40 determines that the task force has insufficient funding to carry out

1 its activities pursuant to this chapter, the activities of the task force
2 shall cease.

3 (c) The task force shall be composed of 11 members. The
4 members of the task force shall be farmworker representatives,
5 representatives from nonprofit community health centers with an
6 established record of serving farmworker communities,
7 *representatives from county hospital owned or affiliated clinics,*
8 *representatives of other county health organizations,*
9 representatives of growers, and representatives of philanthropic
10 foundations. The members shall be appointed as follows:

11 (1) The office of the Governor shall appoint five members.

12 (2) The Speaker of the Assembly and the President pro Tempore
13 of the Senate shall each appoint three members.

14 127646. The task force shall issue a report that shall be
15 provided to the State Department of Health Care Services and to
16 the Governor by December 31, 2013, that includes all of the
17 following:

18 (a) Strategies to create public and private partnerships between
19 growers, federal, state, and local government entities, nonprofit
20 community health centers, and farmworker community
21 representatives for the purpose of coordinating respective resources
22 to create new initiatives to provide health insurance, or equivalent
23 coverage, for farmworkers who will not be covered by the federal
24 Patient Protection and Affordable Care Act (Public Law 111-148).

25 (b) A plan that coordinates county health care delivery systems
26 to integrate federally qualified health centers, as described in
27 Section 1395x(aa)(4) or 1396d(l)(2)(B) of Title 42 of the United
28 States Code, and ~~coordinates~~ *to coordinate* the systems to target
29 farmworkers.

30 (c) A plan to increase the number of culturally competent health
31 professionals in underserved rural areas.

32 (d) A plan to expand *access to health care services via telehealth*
33 ~~care services to the extent that these services are not otherwise~~
34 *locally available.*

35 (e) A plan to coordinate a network of providers to ensure a
36 continuum of health care as farmworkers migrate within and
37 outside of the state.

38 (f) Long-term strategies for educating, training, and preparing
39 workers for other industries, including, but not limited to, green
40 technology.

1 (g) Viable strategies for enabling farmworkers to purchase
2 affordable housing.

3 127647. This chapter shall remain in effect only until January
4 1, 2014, and as of that date is repealed, unless a later enacted
5 statute, that is enacted before January 1, 2014, deletes or extends
6 that date.

7 ~~SEC. 4.~~

8 *SEC. 3.* No reimbursement is required by this act pursuant to
9 Section 6 of Article XIII B of the California Constitution because
10 the only costs that may be incurred by a local agency or school
11 district will be incurred because this act creates a new crime or
12 infraction, eliminates a crime or infraction, or changes the penalty
13 for a crime or infraction, within the meaning of Section 17556 of
14 the Government Code, or changes the definition of a crime within
15 the meaning of Section 6 of Article XIII B of the California
16 Constitution.